

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/01/2014
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SPARTA			STREET ADDRESS, CITY, STATE, ZIP CODE 508 MOSE DRIVE SPARTA, TN 38583		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to obtain a laboratory test as ordered by a physician and obtained a laboratory test not ordered by the physician for one (#101) of thirty-one residents reviewed in Stage 2.</p> <p>The findings included:</p> <p>Resident #101 was readmitted to the facility on August 21, 2014, with diagnoses including Acute Encephalopathy (resolved), Urinary Tract Infection, History of Cerebral Vascular Accident (Stroke), Hypertension, Diastolic Heart Failure, Seizure Disorder, Polyarthritis, Hyperlipidemia, Depression, and Mild Aortic Regurgitation.</p> <p>Medical record review of a Physician's order dated September 17, 2014, revealed an order to draw a CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), and a Valproic Acid level (Seizure medication). Review of the laboratory results dated September 18, 2014, revealed the CBC and CMP were completed as ordered by the Physician. Continued review revealed the Valproic Acid level ordered by the Physician was not completed. Further review revealed a Hemoglobin A1C (used to determine the average blood glucose level in the blood) was completed without a Physician's order.</p>	F 502	<p>Life Care Center of Sparta is committed to upholding the highest standard of care for its residents. This includes substantial compliance with all applicable standards and regulatory requirements. The facility respectfully works in cooperation with the State of Tennessee Department of Health toward the best interest of those who require the services we provide.</p> <p>While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as a required response to the survey conducted September 29-October 1, 2014. This Plan of Correction is the facility's allegation of substantial compliance with Federal and State requirements.</p> <p>F 502</p> <ol style="list-style-type: none"> 1. Resident #101 had STAT Valproic Acid Level performed on 10/1/14. Lab results were < 3 and MD was contacted. New order to decrease dosage of Valproic Acid level was given by MD. MD states overall goal to discontinue medication. 2. a.) All residents receiving valproic acid, Depakote, or divalproex were audited by the Director of Nursing on 10/1/14. b.) No other residents were affected by the alleged deficient practice. 	10/30/2014	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 502	Continued From page 1 Interview on October 1, 2014, at 10:10 a.m., with the Director of Nursing and Licensed Practical Nurse #1 confirmed the Hemoglobin A1C was completed in error instead of the Valproic Acid level ordered by the Physician.	F 502	<p>3. a.) The Director of Nursing/ Staff Development Coordinator will educate 100% of licensed nurses by October 10, 2014 regarding accuracy of ordering correct laboratory tests.</p> <p>b.) The Director of Nursing /Assistant Director of Nursing will review all MD orders weekly and identify all residents on valproic acid, Depakote, and divalproex. Residents on these medications will have lab work monitored by Director of Nursing/Assistant Director of Nursing to ensure correct laboratory tests are completed per physician order. Weekly audits for compliance will be completed for 3 months.</p> <p>4. a.) The Director of Nursing/Assistant Director of Nursing will present results of audits to the Performance Committee on 10/30/2014.</p> <p>b.) The Performance Improvement Committee consisting of Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Director of Clinical Nutrition, Director of Environmental Services/Maintenance, Business Office Manager, Director of</p>		

PRINTED: 10/03/2014
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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/01/2014
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SPARTA		STREET ADDRESS, CITY, STATE, ZIP CODE 508 MOSE DRIVE SPARTA, TN 38583			
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N 000	Initial Comments A licensure survey was completed on September 29, 2014, to October 1, 2014, at Life Care Center of Sparta. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000	Recreational Services, and Staff Development Coordinator will review the results. If it is deemed necessary by the committee additional education may be provided, the process evaluated/revised, and/or the audits, reviewed for 3 months or until 100% compliance is achieved.		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 1